



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES
PO Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258

**CHECK CASHER / SELLER COMPANY
REQUEST FOR APPROVAL TO
MAINTAIN RECORDS AT AN OUT OF STATE LOCATION**

Company Name: _____
corporate name *trade name or dba*

Licensed Location: _____
physical address *city, state, zip*

In accordance with WAC 208-630-015(1), the above named applicant for Check Casher / Seller license does hereby request approval from the Director of the Department of Financial Institutions to maintain records at the following location:

Records Location: _____
physical address *city, state, zip*

Records Custodian: _____
custodian's full name *e-mail*

custodian's phone number *fax number*

In accordance with RCW 31.45.050(2), the applicant will notify the Director of any change in the location of records immediately. The applicant agrees to provide the Director with access to the records pursuant to RCW 31.45.100 and WAC 208-630-015. The applicant agrees to pay all costs associated the examining the records, including travel costs (e.g. airfare, accommodations, rental car, etc.)

By: _____ Date: _____
signature of applicant's authorized representative

printed name and title of authorized representative

authorized representative's business mailing address, city, state, zip

Issuance of a Check Casher/ Seller license to the above licensed location will constitute the Director's approval of this request. Failure to comply with this agreement may be grounds for revocation in accordance with RCW 31.45.030